			2,0	17/2	2021 Capital Budg	et R	equest Form								
Department															
Agency Number	450	Contact Name			George A. Patte	rson	, Director, Dept	of F	Property Manage	eme	nt				
Department									, , , , ,						
Name	perty Managem	Contact Number					504-658-36	00							
Date		Contact E-Mail				(Gapatterson@n	ola.g	OV						
	Department	Prioirty Criteria													
Request #	Ranking	Ranking	Project Name	Р	roject Amount		2017		2018		2019		2020		2021
1	1	141	Citywide Building Repairs	\$	10,000,000.00	\$	2,000,000.00	\$	2,000,000.00	\$	2,000,000.00	\$	2,000,000.00	\$	2,000,000.00
			City Hall & City Council									Ė	, , , , , , , , , , , , , , , , , , , ,	Ť	
			Bldg. Fire Alarm												
2	2	141	/Monitoring Systems	\$	500,000.00	\$	500,000.00	\$	-	\$	_	\$	-	\$	-
			Civil District Court Fire												
			Alarm & Monitoring												
3	3	126	System	\$	350,000.00	\$	350,000.00	\$		\$	-	\$	=	\$	-
			NOFD HVAC Emergency repairs and equipment												
4	4	138	replacement	\$	1,750,000.00	خ	350,000.00	ے	350,000.00	\$	350,000.00	\$	350,000.00	\$	350,000.00
,		130	Replace NOFD Fire	7	1,730,000.00	٠	330,000.00	٦	330,000.00	Ą	330,000.00	Ş	330,000.00	÷.	350,000.00
5	5	132	Stations Driveways	\$	710,000.00	\$	355,000.00	\$	355,000.00	\$	-	\$	-	\$	-
6	6	138	NOFD Apparatus Heaters	\$	250,000.00	\$	125,000.00	\$	125,000.00	\$	-	\$	-	\$	-
			Replace HVAC System(s)												
7	7	132	at Algiers Carriage House	\$	250,000.00		250,000.00	\$	-	\$	-	\$	-	\$	-
8	8	138	Gallier Hall Sprinkler	\$	300,000.00	\$	300,000.00	\$	-	\$	-	\$	-	\$	
9	0	/ 0	0	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
10	0	0	0	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
TOTAL				\$	14,110,000.00	\$	4,230,000.00	\$	2,830,000.00	\$	2,350,000.00	\$	2,350,000.00	\$	2,350,000.00

TOTAL				
Department Head Signature Date	100 G	Turn	y 6	Printed Name
	1			

George A. PAHERON

	Capital Budget Request Form						
Agency Number	450	Department Name	Property Management				
Project Name	Citywide Building Repairs	Department Priority Ranking	1				
Project Type	Repairs	Is a Land acquisition needed? (Y/N)					
Will this project be a permanent immovable improvement?		Does the request meet the General Obligation Bond requirement?	No				
Project Address	Citywide	Council District					
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Citywide emergency building rep	pairs to maintain HVAC, electrical, plumb	ing, and roofing systems at City buildings.				
Five Year Summary	Funding t	o address emergency building repairs for	a five year period.				
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status					
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.					
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 10,000,000.00	Proposed Funding Source	Bond Funds				
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change					
Please discuss how the project conforms to objectives and recommendations of the Master Plan:							
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.		N/A					
What Benefit(s) will be provided to Public from this project?	Needed repairs to City buildings		he Project? 2017, 2018, 2019, 2020 or 2021? Enter n requested year below.				
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	2018 2019 2020 2021 If no please discuss required improvements and estimated costs	\$ 2,000,000.00 \$ 2,000,000.00 \$ 2,000,000.00 \$ 2,000,000.00				
		improvements and estimated costs					

Capital Budget Request Priority Rating Form						
Agency Number	Blank	Department Name	Blank			
Project Name	Citywide Building Repairs	Department Priority Ranking	1			
Categories	Rating		Score			
Public Health and Safety	3		9			
External Requirements	3		9			
Protection of Capital Stock	2		6			
Economic Development	3		9			
Operating Budget	2		6			
Life Expectancy of Project	3		9			
Percent of Population Served by Project	3		9			
Relation to dopted Plans	2		6			
Intensity of Use	3		9			
Scheduling	3		9			
Benefit/ Cost	2		6			
Potential for Duplication	2		6			
Availability of Financing	3		9			
Special Need	2		6			
Entergy Consumption	2		6			
Timeliness/ External	3		9			
Public Support	3		9			
Environmental Quality and Stormwater Management	3		9			
TOTAL Ranking	47		141			

	Capital Budget Request Form						
Agency Number	450	Department Name	Property Management				
Project Name	City Hall & City Council Bldg. Fire Alarm /Mon	Department Priority Ranking	2				
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No				
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes				
Project Address	1300 Perdido Street	Council District	С				
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	stem should include a minimum of two fire ala	rm annunciation/control panels, zone sp	pecific monitoring and control, and non-proprietary equ				
Five Year Summary	Replace City Hall build	ding Fire Alarm/Monitoring system and r	reduce monitoring/repair cost.				
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status					
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.					
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 500,000.00	Proposed Funding Source	Bond Funds				
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change					
Please discuss how the project conforms to objectives and recommendations of the Master Plan:							
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.		N/A					
What Benefit(s) will be provided to Public from this project?	Safety compliance	amount i	ne Project? 2017, 2018, 2019, 2020 or 2021? Enter n requested year below.				
		2017 2018 2019 2020 2021	\$ 500,000.00				
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs					

Capital Budget Request Priority Rating Form					
Agency Number	450	Department Name	Property Management		
Project Name	City Hall & City Council Bldg. Fire Alarm /Mon	Department Priority Ranking	2		
Categories	Rating		Score		
Public Health and Safety	3		9		
External Requirements	3		9		
Protection of Capital Stock	2		6		
Economic Development	3		9		
Operating Budget	2		6		
Life Expectancy of Project	3		9		
Percent of Population Served by Project	3		9		
Relation to dopted Plans	3		9		
Intensity of Use	3		9		
Scheduling	2		6		
Benefit/ Cost	3		9		
Potential for Duplication	2		6		
Availability of Financing	2		6		
Special Need	2		6		
Entergy Consumption	2		6		
Timeliness/ External	3		9		
Public Support	3		9		
Environmental Quality and Stormwater Management	3		9		
TOTAL Ranking	47		141		

Capital Budget Request Form						
Agency Number	450	Department Name	Property Management			
Project Name	Civil District Court Fire Alarm & Monitoring Sy	Department Priority Ranking	3			
Project Type	New Construction	Is a Land acquisition needed? (Y/N)	No			
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes			
Project Address	1300 Perdido Street	Council District	с			
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Replace outdate	ed fire alarm and monitoring system with	non-proprietary system.			
Five Year Summary	Funding to purchase a	new non-proprietary fire alarm system	for Civil District Court building.			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status				
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.				
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 350,000.00	Proposed Funding Source	Bond Funds			
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change				
Please discuss how the project conforms to objectives and recommendations of the Master Plan:						
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.		N/A				
What Benefit(s) will be provided to Public from this project?		amount i	ne Project? 2017, 2018, 2019, 2020 or 2021? Enter n requested year below.			
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the	Yes	2017 2018 2019 2020 2021 If no please discuss required improvements and estimated costs	\$ 350,000.00			
project?						

Capital Budget Request Priority Rating Form					
Agency Number	450	Department Name	Property Management		
Project Name	Civil District Court Fire Alarm & Monitoring Sy	Department Priority Ranking	3		
Categories	Rating		Score		
Public Health and Safety	3		9		
External Requirements	2		6		
Protection of Capital Stock	2		6		
Economic Development	3		9		
Operating Budget	3		9		
Life Expectancy of Project	0		0		
'ercent of Population Served by Project	3		9		
Relation to dopted Plans	3		9		
Intensity of Use	3		9		
Scheduling	1		3		
Benefit/ Cost	3		9		
Potential for Duplication	1		3		
Availability of Financing Special Need	3		9		
Entergy Consumption	3		9		
Timeliness/ External	2		6		
Public Support	2		6		
Environmental Quality and	3		9		
Stormwater Management TOTAL Ranking	2		6		
	42		126		

Capital Budget Request Form						
Agency Number	450	Department Name	Property Management			
Project Name	NOFD HVAC Emergency repairs and equipmer	Department Priority Ranking	4			
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No			
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes			
Project Address	Citywide	Council District				
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	NOFD citywide HVAC	emergency repairs and equipment repla	cement at various fire stations.			
Five Year Summary	Funding t	o respond to emergency HVAC needs at	NOFD fire stations.			
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status				
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.				
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 1,750,000.00	Proposed Funding Source	Bond Funds			
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change				
Please discuss how the project conforms to objectives and recommendations of the Master Plan:						
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.		N/A				
What Benefit(s) will be provided to Public from this project?	gency HVAC needs addressed at NOFD fire sta	amount i	ne Project? 2017, 2018, 2019, 2020 or 2021? Enter n requested year below.			
		2017 2018 2019 2020 2021	\$ 350,000.00 \$ 350,000.00 \$ 350,000.00 \$ 350,000.00 \$ 350,000.00			
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs				

Capital Budget Request Prioirty Rating Form					
Agency Number	450	Department Name	Property Management		
Project Name	NOFD HVAC Emergency repairs and equipmer	Department Priority Ranking	4		
Categories	Rating		Score		
Public Health and Safety	3		9		
External Requirements	2		6		
Protection of Capital Stock	3		9		
Economic Development	3		9		
Operating Budget	2		6		
Life Expectancy of Project	3		9		
Percent of Population Served by Project	3		9		
Relation to dopted Plans	2		6		
Intensity of Use	3		9		
Scheduling	2		6		
Benefit/ Cost	3		9		
Potential for Duplication	3		9		
Availability of Financing	2		6		
Special Need	2		6		
Entergy Consumptiom	3		9		
Timeliness/ External	2		6		
Public Support	3		9		
Environmental Quality and Stormwater Management	2		6		
TOTAL Ranking	46		138		

	Capital Budget Request Form						
Agency Number	450	Department Name	Property Management				
Project Name	Replace NOFD Fire Stations Driveways	Department Priority Ranking	5				
Project Type	Repairs	Is a Land acquisition needed? (Y/N)	No				
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes				
Project Address	Citywide NODF Fire Stations	Council District					
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	hose weight is in excess of 30,000 pounds. It is	s estimated that 20-25 NOFD Fires House	es will not properly support large fire trucks t without d				
Five Year Summary	Replace NOFE	D Fire Stations Driveways that will not su	pport their fire trucks .				
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status					
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.					
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 710,000.00	Proposed Funding Source	Bond Funds				
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change					
Please discuss how the project conforms to objectives and recommendations of the Master Plan:							
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.		N/A					
What Benefit(s) will be provided to Public from this project?	Cost savings and reduced repair cost.		ne Project? 2017, 2018, 2019, 2020 or 2021? Enter n requested year below.				
		2017 2018 2019 2020 2021	\$ 355,000.00 \$ 355,000.00				
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs					

Capital Budget Request Priority Rating Form					
Agency Number	450	Department Name	Property Management		
Project Name	Replace NOFD Fire Stations Driveways	Department Priority Ranking	5		
Categories	Rating		Score		
Public Health and Safety	3		9		
External Requirements	2		6		
Protection of Capital Stock	2		6		
Economic Development	3		9		
Operating Budget	2		6		
Life Expectancy of Project	3		9		
'ercent of Population Served by Project	3		9		
Relation to dopted Plans	2		6		
Intensity of Use	3		9		
Scheduling	2		6		
Benefit/ Cost	3		9		
Potential for Duplication	1		3		
Availability of Financing	3		9		
Special Need	2		6		
Entergy Consumption	2		6		
Timeliness/ External	3		9		
Public Support	3		9		
Environmental Quality and Stormwater Management	2		6		
TOTAL Ranking	44		132		

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	NOFD Apparatus Heaters	Department Priority Ranking	6
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes
Project Address	Citywide NOFD Fire Stations	Council District	
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	apparatus heaters at NOPD Fire Stations that are required to heat and prevent fire truck(s) equipment from failing or delay in operating due to		
Five Year Summary	Providing funding to replace heating apparatus units at NOFD Fire Stations.		
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 250,000.00	Proposed Funding Source	Bond Funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	N/A		
What Benefit(s) will be provided to Public from this project?	Public Safety		ne Project? 2017, 2018, 2019, 2020 or 2021? Enter n requested year below. \$ 125,000.00 \$ 125,000.00
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	2021 If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	450	Department Name	Property Management
Project Name	NOFD Apparatus Heaters	Department Priority Ranking	6
Categories	Rating		Score
Public Health and Safety	3		9
External Requirements	3		9
Protection of Capital Stock	3		9
Economic Development	3		9
Operating Budget	2		6
Life Expectancy of Project	3		9
Percent of Population Served by Project	3		9
Relation to dopted Plans	3		9
Intensity of Use	3		9
Scheduling	1		3
Benefit/ Cost	3		9
Potential for Duplication	2		6
Availability of Financing	2		6
Special Need	3		9
Entergy Consumption	2		6
Timeliness/ External	2		6
Public Support	3		9
Environmental Quality and Stormwater Management	2		6
TOTAL Ranking	46		138

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	Replace HVAC System(s) at Algiers Carriage Ho	Department Priority Ranking	7
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes
Project Address	225 Morgan St., Algiers Point New Orleans, LA	Council District	с
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Replace existing HVAC System(s) at Algiers Carriage House		
Five Year Summary	Provide funding to replace HVAC system(s)		
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 250,000.00	Proposed Funding Source	Bond Funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:			
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	N/A		
What Benefit(s) will be provided to Public from this project?	New HVAC System(s)		ne Project? 2017, 2018, 2019, 2020 or 2021? Enter n requested year below.
Is the surrounding infrastructure(i.e. utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form				
Agency Number	450	Department Name	Property Management	
Project Name	Replace HVAC System(s) at Algiers Carriage Ho	Department Priority Ranking	7	
Categories				
Public Health and Safety	3		9	
External Requirements	2		6	
Protection of Capital Stock	2		6	
Economic Development	2		6	
Operating Budget	3		9	
Life Expectancy of Project	3		9	
Percent of Population Served by Project	3		9	
Relation to dopted Plans	2		6	
Intensity of Use	3		9	
Scheduling	2		6	
Benefit/ Cost	3		9	
Potential for Duplication	1		3	
Availability of Financing	2		6	
Special Need	3		9	
Entergy Consumption	3		9	
Timeliness/ External	2		6	
Public Support	3		9	
Environmental Quality and Stormwater Management	2		6	
TOTAL Ranking	44		132	

Capital Budget Request Form			
Agency Number	450	Department Name	Property Management
Project Name	Gallier Hall Sprinkler System Replacement 2nd	Department Priority Ranking	8
Project Type	Equipment	Is a Land acquisition needed? (Y/N)	No
Will this project be a permanent immovable improvement?	Yes	Does the request meet the General Obligation Bond requirement?	Yes
Project Address	545 St. Charles Avenue	Council District	С
Detailed Summary: Include Scope of work, parking requirements, landscaping, etc.	Replace sprinkler system on 2nd and 3rd floors at Gallier Hall and include in project cost engineering and contingency fees.		
Five Year Summary	Updated sprinkler system at Gallier Hall		
Has an Architect or Engineer prepared drawings for this project?	No	If Yes please explain how this was funded and current status	
Will this project increase your department's current operating expenses? (i.e. require additional staff, maintenance, utilities)	No	Please provide estimate of increase or decrease operating costs.	
Estimated Cost of Project: (include Design, Construction, Testing, Contingency, etc.)	\$ 300,000.00	Proposed Funding Source	Bond Funds
Does this project fall in line with the current Zoning requirements	Yes	If no please list required change	
Please discuss how the project conforms to objectives and recommendations of the Master Plan:	Conforms to objectives		
Does the project improve runoff water quality or reduce the impacts of flooding? If yes, please explain how this is achieved, describing the area that is impacted. If no, please describe any negative impacts, and the area impacted.	N/A		
What Benefit(s) will be provided to Public from this project?			ne Project? 2017, 2018, 2019, 2020 or 2021? Enter n requested year below.
utilities, road network) sufficient to support the intended use of the project?	Yes	If no please discuss required improvements and estimated costs	

Capital Budget Request Priority Rating Form			
Agency Number	450	Department Name	Property Management
Project Name	Gallier Hall Sprinkler System Replacement 2nd	Department Priority Ranking	8
	Rating		Score
Public Health and Safety	3		9
External Requirements	3		9
Protection of Capital Stock	2		6
Economic Development	3		9
Operating Budget	3		9
Life Expectancy of Project	3		9
Percent of Population Served by Project	3		9
Relation to dopted Plans	2		6
Intensity of Use	3		9
Scheduling	2		6
Benefit/ Cost	3		9
Potential for Duplication	3		9
Availability of Financing	2		6
Special Need	1		3
Entergy Consumption	3		9
Timeliness/ External	2		6
Public Support	3		9
Environmental Quality and Stormwater Management	2		6
TOTAL Ranking	46,		138